## CITY OF MILWAUKEE APPLICATION FOR ABSENTEE BALLOT

Please return this form to the City of Milwaukee Election Commission 200 East Wells Street, Room 501, Milwaukee, WI 53202 414-286-3491 / FAX 414-286-8445 / absenteeballot@milwaukee.gov

		UKEE ADDRESS IN ORDER TO RECEIVE AN ABSENTEE BALL APPLICATION, <u>A COPY OF PHOTO ID MUST ACCOMPANY TH</u>	
STEP 1: Voter Declaration			
·	s election, not currently serving	ars old, having resided at the below residential addre g a sentence including probation or parole for a felor	
Please check if you are:	Active Military   Permanent	ly Overseas Temporarily Overseas	
STEP 2: Select Requested Election ALL REGULAR VOTERS MUST PROVIDE A YEAR FOR BALLOTS.	<del></del> _	REVIOUSLY PROVIDED, AND MUST APPLY EACH CAL	<u>ENDAR</u>
☐ All 2020 Elections OR	☐ February 18, 2020	☐ April 7, 2020	
	☐ August 11, 2020	☐ November 3, 2020	
OR, YOU MAY REQUEST THAT AN ABSENTEE BALLOT BE SENT FOR EVERY ELECTION BY CERTIFYING THE FOLLOWING:			
☐ I certify that I am indefinitely confined due to age, illness, infirmity or disability and request that an absentee ballot be sent to me for every subsequent election until I am no longer confined or fail to return a ballot for an election.  (INDEFINITELY CONFINED VOTERS ARE NOT REQUIRED TO PROVIDE A COPY OF PHOTO ID)			
STEP 3: Voter Information			
Last Name			_
First Name		Middle Name	_
Date of Birth (MM/DD/YY)		Telephone ()	_
Residence Address		Apt. Number	<del>_</del>
CITY OF MILWAUKEE, STATE OF WISCONSIN Zip Code			
If mailing address is different than above address (including overseas addresses), send ballot to:			
Mailing Address Line 1:			_
Mailing Address Line 2:			_
Mailing Address Line 3:			_
SIGNATURE:		DATE:	_
Alternative Delivery Instructions for OVERSEAS AND MILITARY VOTERS ONLY:			
I prefer to receive my absentee ba	llot by: 🔲 EMAIL:		
	☐ <b>FAX</b> :		
Office Use Only			ev. 7/1/20
Rea # :	Date:	By: Status: □ Reg □ Perm □ Mil □	os